

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584617

FILING DATE

6-26-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1		1			
13						
14						
15						
16						
17						
18						
19						
20						
21	1		1			
22						
23						
24						
25						
26						
27	1		1			
28						
29						
30						
31						
32	1		1			
33						
34						
35						
36						
37	1		1			
38						
39	1		1			
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.	←		32	←		←
TOTAL CLAIMS			39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						